

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. | FILING DATE | |
|---|----------|------|---------------------|------|---------------------|--------------|--------------|------|
| | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | IND | DEP |
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| TOTAL IND. | 2 | | | | | | TOTAL IND. | |
| TOTAL DEP. | 10 | ↔ | | ↔ | | ↔ | TOTAL DEP. | ↔ |
| TOTAL CLAIMS | 12 | ████ | ████ | ████ | ████ | ████ | TOTAL CLAIMS | ████ |

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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